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Dossier :

## Mères et maternités en Grèce ancienne



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## MOTHERHOOD AND HEALTH IN THE HIPPOCRATIC CORPUS: DOES MATERNITY PROTECT AGAINST DISEASE?

The question I would like to pose here is a simple one: does maternity protect against disease? Or, to put it another way, in terms of ancient beliefs about the female body, is motherhood seen as being intrinsically «healthy»? What is the physiology of motherhood? After introducing some aspects of the Hippocratic texts that are relevant to maternity, including the role of midwives and that of men as childbirth attendants, and the statements made about pregnancy as healthy, in the final part of this paper I will turn to a very specific example: the case of Phaethousa of Abdera, from the Hippocratic *Epidemics*, who grew a beard when her husband left her. Using Galen's commentary on *Epidemics* 6, which for this section survives only in Arabic, I will show that Galen's reading of Phaethousa suggests that being the mother of many babies may itself be a disease risk, if something happens to stop such a woman continuing to have even more babies. This reading, I will argue, supported by other Hippocratic passages, modifies the general enthusiasm about maternity in the Hippocratic corpus<sup>1</sup>.

First, some remarks about the Hippocratic corpus and the status of the texts preserved in it. The Hippocratic corpus contains texts from the fourth century BC onwards that may represent beliefs dating to earlier periods of Greek history. But the status of the material these texts provide is not

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1. My thanks to all who took part in the seminar in which this paper was first presented. A fuller version of my reading of Phaethousa, also examining her status as οἰκουρὸς, appears in KING 2013.

always easy to understand, in terms of whether they give us a representative or an exceptional view of the body. In the treatises on gynaecology, taken in the Hippocratic sense of those diseases affecting women and in some way caused by their being women – *Diseases of Women, On the Nature of Woman, On Sterile Women, On the Diseases of Young Girls* – do we have the beliefs of male doctors trying to impose their views on patients, as proposed by Paola Manuli, who famously called the insistence on the normative woman, married and giving birth, «the logic of hygienic terrorism»<sup>2</sup>? A further question, in terms of the gendered ownership of the material, is whether it is in some way «women's medicine»; is it merely repeated, by the men who here commit it to writing?

The belief that the Hippocratic gynaecological texts give us access to women's own ideas, which male doctors then repeat or develop, arose in the early 1980s and is partly based on the sheer quantity of material of a certain kind included in these texts: remedies, which readers of the Hippocratic corpus have tended to assume must be gendered female. In her recent book *Hippocratic Recipes*, Laurence Totelin has calculated that 80% of the recipes included in the Hippocratic treatises are located in the gynaecological treatises; they feature in particular at the end of the first book of *Diseases of Women*<sup>3</sup>. In 1983, Iain Lonie suggested that this may be because these conditions of women were treated by midwives; in her important article «Images médicales du corps», published in 1980, Aline Rousselle took a slightly different view, seeing the recipes as women's home remedies, passed from mother to daughter over the centuries, although they could also be taught to them by midwives or doctors to prepare in their own kitchens<sup>4</sup>. As Totelin notes, Rousselle's model involves «a certain level of interaction between men and women» here<sup>5</sup>. Subsequent scholarship on this issue can sometimes miss this interaction, misleadingly representing the gynaecological treatises as if they give «women's knowledge», merely appropriated by men<sup>6</sup>.

A key question here is how one interprets the use of «dirt» – in particular, excrement – in some Hippocratic recipes for disorders of the female body. Is this consistent with seeing the recipes as women's knowledge, or does it suggest that men were imposing their views of the female body or its

2. The «ragione del terrorismo igienico»: see MANULI 1983, p. 161.

3. TOTELIN 2009, p. 111.

4. LONIE 1983, p. 153-154 cited in TOTELIN 2009, p. 111; ROUSSELLE 1980.

5. TOTELIN 2009, p. 112.

6. Most notably, if that is the word, RIDDLE 1992.

fluids as themselves «dirty», and then using dirt to draw out «dirt»<sup>7</sup>? Ann Hanson has usefully argued that the ancient view of excrement does not have to correspond with our sensations of distaste; applying excrement to the womb could be equivalent to using animal dung as fertiliser on a field<sup>8</sup>. Heinrich von Staden further pointed out that the whole focus on the gynaecological treatises as «different» because they include so many recipes may be misleading; in the other Hippocratic texts where recipes feature, a similar range of substances is used. Laurence Totelin has added to this the point that other treatises may not have included quite so many recipes because they were working on the assumption that their readers also had access to *separate* treatises on remedies, which are now lost—«the nosological treatises often recommend *pharmaka*, but do not give recipes for the preparation of these drugs»<sup>9</sup>. In the Hippocratic treatise *Affections*, for example, drug handbooks or *Pharmakitides* are mentioned in passing; following Elizabeth Craik, Laurence Totelin argues that each physician was assumed to have his own personal handbook of this kind, arranged either by disease or by action, such as «warming drugs», «cooling drugs» and so on<sup>10</sup>. Pushing Totelin's point a little further, and returning to Lonie's suggestion, were more recipes included in the gynaecological treatises not because their source lay in women's home remedies, but because these treatises were intended for an audience other than Hippocratic physicians who already possessed their own individual remedy collections?

Rather than seeing the gynaecological texts as representing women's knowledge because of our anachronistic assumptions about the gendered ownership of recipes, we should regard the Hippocratic medical texts as a complex mixture of men's and women's knowledge, with much being shared; as Lesley Dean-Jones put it, the Hippocratic treatment of women «must have been acceptable to them and have squared with their view of their own physiology»<sup>11</sup>. Where it was a woman's *kurios*, her father or husband, who summoned and paid the physician, he above all would need to feel that the explanation offered for her condition made sense, but if she was to be healed by the encounter then she too would need to believe what was said.

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7. VON STADEN 1991 and 1992.

8. HANSON 1998; TOTELIN 2009, p. 213 n. 82, notes that JONES 1957, p. 462, also saw dung as having a fertilising role when it appears in medical texts.

9. TOTELIN 2009, p. 114.

10. TOTELIN 2009, p. 98; CRAIK 2006, p. 17.

11. DEAN-JONES 1994, p. 27.

## MOTHERS AND MIDWIVES

Within these texts, what do we find about motherhood? In terms of the personnel dealing with birth in the Hippocratic treatises, we find very little: midwifery is all but invisible. While both midwives and female physicians are known from epigraphy, the Hippocratic corpus includes mentions in passing of women whose identities cannot easily be mapped on to either of these categories<sup>12</sup>. For example, in the final chapter of the treatise *On Fleshes* we meet ἄκεστρίδες. The male form of this noun simply means «healer». It comes from the verb ἀκέομαι, «to heal» or «to mend»; the verb, and words based on it, can also be used in other craft contexts, being applied to mending clothes or shoes. Commenting on the theory that «the period of life of man is seven days», the writer states that a child born in the seventh month survives, while one born in the eighth month never does. At the end of the chapter, he says he has seen this for himself but, if anyone wants further proof, he should «go to the ἄκεστρίδες who are present at birth and ask them»<sup>13</sup>. «Female physicians» would perhaps seem a better translation here than «midwives», and the great nineteenth-century translator of the Hippocratic corpus, Émile Littré, indeed avoided seeing these simply as midwives, calling them instead «les guérisseuses qui assistent les femmes en couche»: Paul Potter, however, recently translated the word as «midwives», presumably because of the context<sup>14</sup>.

Another character who is hard to place is ἡ ὀμφαλητόμος, the cord-cutter; the feminine form of the definite article means that this is a woman, which would otherwise not be clear<sup>15</sup>. Like the ἄκεστρίδες, she features only once in the Hippocratic corpus, where she is criticised for cutting the cord too soon, before the *chorion* has come out<sup>16</sup>. This echoes a comment in *Superfetation* that «If the umbilical cord is torn or someone (τις) has removed it from the child too soon...»<sup>17</sup>. Is the ὀμφαλητόμος a midwife or

12. On medical women in the ancient world in general, see the careful and thorough arguments of FLEMMING 2007.

13. *Fleshes* 19, Littré, VIII, 614. JOUANNA 1992, p. 175, makes a lot of this passage, which also say that all the author knows on this topic is what women have told him (Littré, VIII, 610); for Jacques Jouanna, this one reference is evidence that «les accoucheuses étaient appréciées pour leur expérience même par les médecins».

14. Littré, VIII, 615; Potter, Loeb VIII, p. 165.

15. Plato, *Theaetetus* 149e, uses the nominal form, «cord-cutting», as one of the roles of the midwife.

16. *Diseases of Women* 1.46, Littré, VIII, 106.

17. *Superfetation* 8, Littré, VIII, 482, tr. Paul Potter.

female healer to whom the role of cutting the cord is specifically allocated, or is this something that can be done by any woman present, rather than a specific identity? In Plato, Aristotle and Soranus, cutting the umbilical cord is one of the roles of a midwife; Soranus described how midwives were unhappy about using iron to cut it, as this was seen as bad luck<sup>18</sup>. Early modern medicine also saw cutting the cord as one of the roles of the midwife, requiring much skill; writing in 1671, Jane Sharp mentioned a midwives' belief that cutting it short was supposed to make a girl's vagina narrow and ensure she would be «modest», while for boys it should be cut long so that they would have a longer penis<sup>19</sup>. Once again, we meet the problem of how to use this patchy, *longue durée*, evidence. Is a cord-cutter always the same thing as a midwife?

A further Hippocratic reference, and again a unique one, is to the ἱτρεύουσα, who features in a description of a difficult delivery in which the child, who appears to be dead, is too large to come out or is presenting in an oblique position. If the child is presenting head-first, the woman should be shaken on her bed at each contraction, with a man taking each of her feet<sup>20</sup>. The ἱτρεύουσα's role is gently to open the mouth of the womb and to pull on the umbilical cord. This suggests that the context of *Superfetation*'s comment on someone tearing the cord refers to a manoeuvre of this kind, and that women would perform it. Like Potter translating ἀκεστρίδες, Littré, here gave «sage-femme», based on the midwifery context: Ann Hanson, however, translated as «the woman who doctors», arguing that the choice of this word – like ἀκεστρίδες, and ἱατρίνη, a female form of the male noun for a healer – means that she «possessed medical ability or training»<sup>21</sup>.

What did these almost invisible women do? Many scholars have risked arguing from silence, often basing their statements on the familiar distinction in western European medicine between women as assistants in normal births, and men as only helping in difficult births. In a similar vein, it is often argued that, in the early modern world, before the rise of the man-midwife in the seventeenth and eighteenth centuries, «women's health

18. Aristotle, *Historia animalium* 587a9-24; Plato, *Theaetetus* 149e; Soranus, *Gynaecology* 2.6.7-11, Les Belles Lettres, «CUF», p. 17.

19. SHARP 1671, «A Midwives skill is seen much if she can perform this rightly», p. 164-165 (ed. Hobby).

20. *Diseases of Women* 1.68, Littré, VIII, 145. I take the use of τρωσμών, translated by Littré, as «dans un avortement», to mean that the child is already dead.

21. HANSON 1994, p. 175.

was women's business». Monica Green has convincingly demonstrated the inadequacy of this traditional view, and also shown that the scope of the midwife's role has changed over time<sup>22</sup>. Green summarised the early history of midwifery by suggesting that late antique and early medieval midwives had a significant role; they «were expected to be the main caretakers of *all* of women's particular health concerns – that is, gynaecology (which demanded knowledge of the internal workings of the body and the causes of disease) as well as obstetrics»<sup>23</sup>. In the Latin West, during the late antique period, «gynaecological material was more often found in separate, specialized texts [...] usually addressed either explicitly or implicitly to women, especially midwives (*obstetrices* or *medicae*)»<sup>24</sup>. But these professional and literate midwives had disappeared by around the thirteenth century; while women continued to assist other women giving birth, none of these was a «midwife» in any formal sense<sup>25</sup>.

Green's cautious and nuanced view of later history has not been echoed by those working on the classical world, where assumptions that women would have dealt only with normal births, and men only with difficult births, remain common. For Hippocratic medicine, Nancy Demand argued that midwifery was «a female activity that in general was taken for granted», with physicians «only called in if special difficulties were being experienced»<sup>26</sup>. Sue Blundell stated that «female wisdom concerning childbirth was doubtless handed down by word of mouth. Consequently, we possess very little information about normal deliveries»<sup>27</sup>. These are not the only myths that have been created based on modern assumptions about midwifery. Sarah Pomeroy, in an influential article on the education of women in the ancient world, proposed a two-tier system of midwives and obstetricians in the ancient world, and argued that «the career of obstetrician is to be distinguished from that of a midwife as requiring more formal education»<sup>28</sup>. But the Latin word for midwife – *obstetrix* – does not imply a woman with formal medical education; its etymology, from the Latin verb *obsto*, is simply «to stand before», or «to meet face-to-face», and it is thus comparable to the Anglo-Saxon «midwife»

22. GREEN 1989, p. 39-78.

23. GREEN 2008, p. 35.

24. GREEN 2008, p. 16.

25. GREEN 2008, p. 135-136.

26. DEMAND 1994, p. 66; BLUNDELL 1995, p. 110.

27. BLUNDELL 1995, p. 111.

28. POMEROY 1977, p. 58; see also POMEROY 1978, p. 500.



meaning «to stand with», and it presumably translates the Greek *μαῖα*. A further variation on this modernising approach to the classical world is to propose that there were increasing status distinctions between female healers over time. Some scholars have proposed that the Hellenistic period saw the emergence of women who were both midwives and physicians to other women, with what Fridolf Kudlien called «a greater and greater jurisdiction», citing the treatise which the first century B.C. physician Heracleides of Taras addressed to the female healer (*ιατρίνη*) Antiochis as evidence of the high regard in which they could be held, and the high status they could reach<sup>29</sup>. Holt Parker has subsequently suggested that the *ιατρόμαια*, an identity to which some funerary inscriptions refer, was a midwife with some extra medical training, located halfway between midwife and physician<sup>30</sup>. He argued that the absence of any surviving discussion of such women shows that, although «undoubtedly only a small percentage of the medical personnel», they existed, but were considered unremarkable<sup>31</sup>.

I remain sceptical about all these attempts to read a two-tier structure of midwives and obstetricians back into the past. It is interesting that many come from America where, from the nineteenth century, the medical profession's opposition to female midwives has been far more complete than in Britain<sup>32</sup>. In modern America, there is a further variation: direct entry midwives (or «lay midwives») have existed since the 1920s alongside «nurse-midwives». «Neither fish nor fowl», nurse-midwives have historically been seen as anomalous both by the medical profession and by the nursing profession from which they arose, while direct entry midwives have less training beyond the hands-on type, and have historically been labelled as «backward»<sup>33</sup>. Translating *obstetrices* as «obstetricians» and then creating a distinction between «obstetricians» (new, formally educated) and «midwives» (always in existence, but not

29. KUDLIEN 1970, p. 18; see also GAZZANIGA 1997, p. 282.

30. PARKER 1997, p. 132; PARKER 2012.

31. PARKER 1997, p. 131. However, he cannot know the percentages.

32. On the differences between the British and the American history of midwifery from the nineteenth century onwards, see LITOFF 1986, a collection of primary sources with commentary, and WERTZ 1977. HANSON 1994, p. 174, observed that the American situation has affected our reading of Hippocratic treatises in which men appear to be attending normal births.

33. ETTINGER 2006, p. 4.

educated), picks up these sorts of distinction, but is very misleading for the ancient world.

There is still one more problem in interpreting this evidence. In addition to the mere existence of the Hippocratic treatises on gynaecology demonstrating that their authors or compilers at least believed that women's health was very much the business of male physicians, the evidence suggests that these men thought that entirely normal births could also be part of their own area of expertise. For example, in the Hippocratic treatise *Diseases 1*, in a description of the *καιροί*, the «opportune moments» when action must be taken at precisely the right time for a successful outcome, we read that the most acute moments include «when you must deliver a woman that is giving birth or miscarrying»<sup>34</sup>. This suggests that Hippocratic healers expected to be involved in deliveries. There are numerous other examples in the Hippocratic texts of physicians caring for pregnant women nearing the time of birth. In *Diseases of Women*, the author notes that when a woman is giving birth she breathes rapidly, and the speed increases as the moment of birth draws near; he goes on to list a number of other symptoms of approaching birth, and gives remedies to ameliorate them. Some of these are for «difficult» births – such as advice if the woman is «dry and without water» – but the general observations apply to all births<sup>35</sup>. In *Epidemics*, Ann Hanson identified 33 case histories in which the male physician discusses women who have recently given birth, and in 19 of these there is information on the births themselves; only 5 of these births were identified by the writers as «difficult», while in another 7 we can find some evidence of complications<sup>36</sup>. That still leaves many where there is nothing to show the birth was not a normal one, and it is from this material that Antoine Thivel and Lesley Dean-Jones have argued that Hippocratic physicians must have attended normal births<sup>37</sup>. Quite a full description of the normal birthing process can be found in *On the Nature of the Child*, where the child is presented as the active participant in the birth, the woman being passive; the child fights its way out of the womb like a chick out of an egg<sup>38</sup>. Some sections of *Superfetation*

34. *Diseases 1.5*, Littré, VI, 146; ἡ γυναῖκα τίκτουσαν ἢ τρωσκομένην.

35. *Diseases of Women 1.34*, Littré, VIII, 78-80.

36. HANSON 1994, p. 171-173.

37. DEAN-JONES 1994, p. 212, going rather further than THIVEL 1981, p. 137, as HANSON 1994, p. 173 n. 53, observes.

38. *Nature of the Child* 30, discussed in HANSON 1994, p. 176-178 and LONIE 1981, p. 245, who points out that other Hippocratic passages do show awareness of labour pains,

also suggest that a physician may be present at an early stage of a normal birth; for example: «In pregnant women the mouth of the uterus is in most instances near [the exterior] just before they give birth» or «A pregnant woman will give birth more easily if she does not have intercourse»<sup>39</sup>. Other sections give information about signs of pregnancy, or situations arising from behaviour in the earlier stages of pregnancy; for example: «If a pregnant woman wishes to eat earth or coal, and she does so, a mark will appear on the head of the child at birth as a result»<sup>40</sup>. Two chapters deal with ensuring that a woman becomes pregnant in the first place; one starts from the assumption that the reader may be «treating a woman to promote pregnancy» and is aimed at checking that scent will pass from the womb to the head, thus showing that all passages are clear, while the other advises a woman on how to «approach her husband» in such a way that pregnancy is most likely to result<sup>41</sup>.

In the Hippocratic corpus, then, men were asserting their right not only to treat women's diseases but also to advise them on conception, care for them during pregnancy, and attend them when they gave birth; childbirth additionally came into their sphere because, as a complete purge of the body, it was seen as a process that could heal underlying conditions<sup>42</sup>. The births in which men were involved included malpresentations or obstructed labour, but normal births as well.

It is worth asking whether the reverse also held, with women assisting at births defined as «difficult». The Hippocratic corpus contains two treatises where difficult births are described, and the male physician has to intervene: *On the Excision of the Foetus* and *Superfetation*. These sections use masculine participles; these are roles for men. *Excision* ends with a chapter on how to shake the woman to achieve the turning of the foetus, and another on treating prolapse which says that only those cases in which this has occurred very recently should be taken on<sup>43</sup>. In the treatise

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and even contractions, and thus contrast with the passivity of the mother's body here.

39. *Superfetation* 12-13, Littré, VIII, 484; trad. Paul Potter.

40. *Superfetation* 18, Littré, VIII, 486; trad. Paul Potter.

41. *Superfetation* 26-26, Littré, VIII, 488-90; the topic of the best way of ensuring pregnancy is repeated in chapter 30, Littré, VIII, 498-500.

42. KING 1998, p. 32 and 72.

43. On the invisible midwives here, KING 1998, chapter 9. *On the Excision of the Foetus* describes how to proceed if it is necessary to cut the unborn child into pieces so that it can be removed; on shaking, chapter 4, and on prolapse, chapter 5. On *Superfetation* and *On the Excision of the Foetus* see HANSON 1994, p. 161.

*Superfetation*, a range of possible problems in birthing are described; for example, presentation of an arm or a leg, where the physician-reader is told to push back the emerging limb and to use vapour baths to moisten the birth canal and ease delivery, with dietary and pharmacological intervention suggested if the vapours do not help<sup>44</sup>. *Superfetation* describes how to remove a foetus by using instruments: «If a foetus remains inside after it has died, and cannot be brought out in the natural way either spontaneously or with the help of medicines [...]» then a blade called the «claw» must be used<sup>45</sup>. It is not clear at what point a Hippocratic physician is expected to see cases like this, but the comment already mentioned – «If the umbilical cord is torn or someone (τις) has removed it from the child too soon [...]» – hints at the physician here coming in *after* someone else – the midwife? the cord-cutter? another physician? – has intervened at the wrong time<sup>46</sup>. But we should not assume that this was the only possible order of events.

In these Hippocratic materials on difficult births, those present are men. But this does not mean that women were never involved, although the evidence is again far from straightforward. In the *Theaetetus*, Plato's Socrates says that his own mother was a midwife, and that only those who have themselves given birth, but are past the age of child-bearing, can be midwives<sup>47</sup>. In this section, he suggests that a (female) midwife «can bring a difficult birth to a successful conclusion»; he adds that midwives have drugs to bring on labour or to calm labour pains, that they know how to produce abortions, are enthusiastic matchmakers, and know how to cut the umbilical cord<sup>48</sup>. Not only do the Hippocratic treatises not mention midwives; on the very few occasions when they refer to other «female healers», these do not administer drugs<sup>49</sup>. So how do we square Hippocratic physicians' involvement in birth and lack of interest in midwives, with Socrates' midwives who can cope even with difficult births? Both sources have their own motivations. Hippocratic physicians may have been glossing over any rivals, or absorbing them as their assistants, as they tried to extend their practice into both gynaecology and

44. *Superfetation* 4, Littré, VIII, 478.

45. *Superfetation* 7, Littré, VIII, 480.

46. *Superfetation* 8, Littré, VIII, 482, trad. Paul Potter.

47. NICKEL 1979, p. 516 regarded *Theaetetus* 149b-150c as the best starting-point for any study of the reality of women as providers of health care in antiquity.

48. *Theaetetus* 149d, καὶ τίκτειν τε δὴ τὰς δυστοκούσας.

49. TOTELIN 2009, p. 117.

childbirth<sup>50</sup>. Here Socrates is drawing on what his audience would know about midwives, but he twists it to fit his image of himself as «midwife of the soul», sterile himself «in respect to wisdom», but able to help the minds of his younger pupils give birth to fully-formed ideas. This powerful image of Socratic midwifery, once seen as going back to Socrates himself, may in fact represent Plato's own personal spin on Socrates, stretching the realities of ancient midwifery to make a point<sup>51</sup>. But, we may ask, would the image of a midwife assisting in a difficult birth work for Plato's audience, unless they believed that it was at least possible that midwives could be involved in such births? These passages, then, suggest that both sexes were potentially involved in *both* normal *and* difficult births in ancient Greek medicine. For the Roman period, Ann Hanson has further argued that a difficult birth would mean calling in more midwives, rather than the midwife being dismissed in favour of a male physician<sup>52</sup>.

What is the view of motherhood in these texts? Three aspects – pregnancy itself, the process of giving birth, and the period of lactation – are positively valued in medical terms. Like sexual intercourse, which stirs up the fluids of the body and helps them flow correctly, pregnancy is seen as beneficial to women's health. Menstrual blood is produced because women have more spongy flesh than men do: it absorbs more fluid from food, and if this excess fluid is not evacuated every month then «the bodies of women become sick»<sup>53</sup>. Pregnancy is an alternative use for the blood, as it is used to form and then to nourish the foetus. Because the foetus begins as so small a creature, in early pregnancy there is more menstrual blood than is needed for its growth, so some menstrual loss is considered normal at this stage. Pregnancy makes it less likely that the womb will wander around the body, as the weighting of the baby keeps the womb in position; however, it is not a guarantee of uterine stability, as

50. DEMAND 1994, p. 67-68, argued that female physicians in fifth- and fourth-century BC Greece were midwives who had gained extra experience and reputation by learning from, or working alongside, Hippocratic (male) physicians.

51. BURNYEAT 1977 argued that the image of Socrates as midwife was one created by Plato, and that there were signposts in the text of *Theaetetus* to make this clear to the reader; ten years later, TOMIN 1987 argued for this image as genuinely Socratic. Recently LEITAO 2012, p. 232, has shown that the image is «tendentious and self-serving», much of it being designed to adjust the midwife's age and skills to make her a better match for the elderly Socrates.

52. HANSON 1994.

53. *Nature of the Child* 15, Littré, VII, 494; *Generation* 4, Littré, VII, 474; LONIE 1981, p. 8.

there are cases where hysterical suffocation occurs in a pregnant woman<sup>54</sup>. Nor is it always an entirely healthy state. *Diseases of Women* 1.34 notes that a pregnant woman is weak, and pale all over, because the best part of her blood is being taken by the foetus. It is because of the lack of blood in her body that she has not only morning sickness, but also cravings for strange foods<sup>55</sup>. Like pregnancy, giving birth is also – usually – a good thing. When a woman gives birth, this is a very healthy process because it purges the body of further stored blood, and the lochial discharge then allows more to leave, while breast-feeding is achieved with blood diverted from the womb to the breasts. This means that being a lactating mother is thus a very healthy condition.

But after ceasing to breastfeed, a mother goes back to being as much at risk of illness as any other woman, with one exception. Once a woman has finished breastfeeding her child, there is some lasting benefit that accrues to her: the processes her body has undergone mean that her flesh is «broken down» so that in future her blood will be able to move more readily around, so that she will be less likely to suffer from the problems caused by its accumulation. If her womb moves, there are now more spaces in which it can lodge without causing pain; in *Diseases of Women* 1.2 there is a long description of the dangers of suppressed menstruation in «a woman who has never been pregnant», in whom the menses will try to find a route out of the body through another orifice, and who may even die<sup>56</sup>. So sexual intercourse, pregnancy, birthing, and lactating are all positives for women's health. But in some ways the woman who has finished lactating is back as just a «woman». She remains at risk of womb movement, even if the symptoms will not be as life-threatening.

## THE CASE OF PHAETHOUSA

There is however one category of «mother» which is seen as being at particular risk of disease, and it is here that Phaethousa's story is so interesting:

In Abdera, Phaethousa the wife of Pytheas, who kept at home (οἰκουρός), having borne children in the preceding time (ἐπίτοκος ἐοῦσα τοῦ ἔμπροσθεν

54. *Diseases of Women* 1.32, Littré, VIII, 76.

55. *Diseases of Women* 1.34, Littré, VIII, 78.

56. Γυναῖκι ἀτόκῳ ἐοῦσῃ (*Diseases of Women* 1.2, Littré, VIII, 14).

χρόνου), when her husband was exiled (φυγόντος), stopped menstruating for a long time. Afterwards pains (πόννοι) and reddening in the joints. When that happened her body was masculinized (τό τε σῶμα ἡνδρώθη) and grew hairy all over, she grew a beard, her voice became harsh, and though we did everything we could to bring forth menses (τὰ γυναικεῖα) they did not come, but she died after surviving for not long after. The same thing happened to Nanno, Gorgippos' wife, in Thasos. All the physicians I met thought that there was one hope of feminising her, if normal menstruation (τὰ κατὰ φύσιν) occurred. But in her case too it was not possible, though we did everything, but she died, and not slowly<sup>57</sup>.

In the most commonly available English translation of Phaethousa's case history, that of Wesley Smith (1994) which I am adapting here, the description of Phaethousa as ἐπίτοκος ἐοῦσα τοῦ ἔμπροσθεν χρόνου is translated as «having borne children in the preceding time». This echoes the French translation of Émile Littré, «avait eu des enfants auparavant»<sup>58</sup>. But I would argue that the Greek ἐπίτοκος is stronger than simply «having children».

In support of this, we need to take into account a further view on the meaning of ἐπίτοκος in this passage, and that is the interpretation of Galen. Galen considered *Epidemics* 1, 2, 3 and 6 to be genuine works of Hippocrates, and therefore wrote commentaries on them in which he explained what the texts meant; however, in the extant Greek, his commentary on *Epidemics* 6 only goes up to section 6.6.5. But the text of the rest of *Epidemics* 6 survives in Arabic commentaries, so far unpublished, by Ibn Ridwan (d. c. 1061) and Ibn al-Nafis, and even more importantly the translation of Galen's *Commentaries* by Ḥunayn ibn Ishāq (d. c. 873)<sup>59</sup>. Using Pfaff's German translation of Ḥunayn, Rebecca Flemming has noted that in his commentary on Phaethousa's case Galen «generalizes from a case in which a husband's exile following prolific

57. *Epidemics* 6.8.32 (tr. W.D. Smith, Loeb Classical Library, *Hippocrates* VII, modified). I initially looked at this story in KING 1998, p. 9-10, when I used it as an example of the dangers of retrospective diagnosis using modern categories and how this risked losing «its richness and complexity as a cultural product». I do not intend to offer any retrodiagnosis here; I do not, however, see this as menopause (the beard is rather more dramatic than post-menopausal facial hair growth).

58. Littré, V, 357.

59. PORMANN 2008; the Epidemics Project at Warwick is working on these Arabic commentaries.

child production has lethal consequences»<sup>60</sup>. «Prolific child production» is rather more than «bearing children in the preceding time».

Here is Ḥunayn's version, in Peter Pormann's translation from the Arabic: first the text of Hippocrates, and then that of Galen.

Hippocrates said: The woman of 'xwx'rs<sup>61</sup> in a previous age was bearing-many-children [Arabic *walūd*]. Then her husband went away from her, and her menstruation was retained for a long period of time. After this had occurred to her, her body turned into the state of the body of a man [*'ilā ḥālī badani r-raḡulī*], her hair grew strong in her whole body<sup>62</sup>, and she grew a beard [*wa-nabatāt lahā liḥyatun*]. Her voice became hard [*ṣulb*] and rough/coarse [*ḥašin*]. Then we tried every method that one uses to stimulate menstruation, yet it was not released. But she [only] lived for a while. Then she died not a long while afterwards.

Galen said: Hippocrates means by «bearing-many-children [*walūd*]» the woman who is pregnant and gives birth continually [*mutawātiran*]. [Such a woman] is called «having-many-children [*an-nātiq*]» and «having-many-children [*al-muntiq*]». After this woman had lost her husband, her menstruation was retained. Then it first happened to her that her state changed into the state of a man [*'ilā ḥālī r-raḡulī*]. Then it only took a short while until she died. This case history is beneficial in that you learn that when women lose their husbands, this causes them to suffer great damage, *especially when they used to get pregnant before* [my italics]. We ourselves also saw a large number of women who suffered damage for this reason, and some of them died.

This version differs from the Greek text of *Epidemics*, most notably by omitting «afterwards, pain and reddening in the joints»<sup>63</sup>. The phrase «turned into the state of the body of a man» corresponds to the Greek τό τε σῶμα ἠνδρώθη and I suggest means not that Phaethousa grew a penis, but rather that her flesh became drier and firmer, like that of a man<sup>64</sup>. It is interesting that Galen apparently chose to focus on Phaethousa's previous childbearing; it is «especially [women who] used to get pregnant before»

60. FLEMMING 2000, p. 334 on Galen, *On Hippocrates' Epidemics* 6.8, *Corpus Medicorum Graecorum* V 10.2.2, p. 506, line 21-38.

61. Peter Pormann notes, «The name is not dotted; x stands for an undotted 'hook' that could be b/t/t/n/y». In Pfaff's German translation, *Corpus Medicorum Graecorum*, V 10.2.2 p. 506, line 21, the Arabic is rendered «Die Frau des Pytheas». As Pormann notes, «Difficult Greek names may simply have been omitted or corrupted by later scribes» (pers. comm. July 2011).

62. *Qawiya š-ša'ru fī badanihā kullihī*, literally «the hair was/became strong in her whole body» for the Greek ἐδασύνθη πάντα.

63. Μετὰ δέ, ἐς ἄρθρα πόνοι καὶ ἐρυθρήματα.

64. *Diseases of Women* 1.1 on women's wet and spongy flesh, like wool, in comparison to that of men, which is like woven fabric.



who suffer when their husband is no longer there. Flemming links this view to Galen's comments in *On the Affected Parts* where he singles out women who have previously menstruated and had babies «well» (Greek καλῶς), and who have been used to sex with men, as most likely to suffer from suffocation of the womb<sup>65</sup>.

In contrast to Smith's more general «having borne children», or even Pfaff's «oft schwanger gewesen», Hunayn's text suggests that Galen read the Greek ἐπίτοκος as more than a statement of having given birth; instead, it is «the woman who is pregnant and gives birth continually». His interpretation of Phaethousa is that this is a woman whose body was used to being pregnant virtually all the time, and it is because of this that she suffers so much when her husband is not there. Pre-twentieth century translations generally seem to have appreciated that what was important about Phaethousa was her previous record of childbearing. An 1801 French translation of the Hippocratic case history had Phaethousa «avoit fait plusieurs enfans dans sa jeunesse»<sup>66</sup>. This was based on Anuce Foës' Latin of 1596, which gave *antea per iuuentam foecunda erat*<sup>67</sup>. Cornarius had translated slightly differently, losing the reference to her «youth» but retaining her previous fecundity: *priore quidem tempore foecunda erat*<sup>68</sup>.

What are the nuances of the term ἐπίτοκος here? The sense of the prefix ἐπι- can be one of accumulation, so that ἐπιτόκια and ἐπίτοκος can also mean «compound interest». The only other use of ἐπίτοκος in the Hippocratic corpus is in the treatise *Superfetation*, which opens by discussing how a woman can become pregnant again while already carrying one child; this theory was used to account for the birth of twins where one was clearly larger than the other, or for a non-viable foetus being born alongside a living child<sup>69</sup>. In chapter 17, the writer discusses a woman who is ἐπίτοκος and whose body swells up, and sees this as likely to lead to a stillbirth, a non-viable birth, or a premature birth. Littré, translates ἐπίτοκος here as «près d'accoucher», near to giving birth, and Paul Potter follows this, with «a woman approaching childbirth»<sup>70</sup>.

65. FLEMMING 2000, p. 334; Galen, *On the Affected Parts* 6.5 (Kühn, VIII, 417).

66. The translation is *Traduction des Œuvres Médicales d'Hippocrate* vol. 4 (Toulouse, 1801), p. 495, which is based on the text of Foës.

67. FOES 1596, p. 184.

68. CORNARIUS 1558, p. 543.

69. *Superfetation* 1, Littré, VIII, 476. Littré, discusses animal and human cases of this occurring; vol. VIII, p. 472-475.

70. Potter, Loeb IX, p. 329.

However, as one of the options that follows is premature birth, it seems that the condition being described can strike long before birth is due. Perhaps what is envisaged here is that the swelling happens shortly before the miscarriage. But I would argue that here too ἐπίτοκος should be translated not as «near to giving birth», but as «who is always pregnant».

The answer to Phaethousa's problem – a mother many times over, highly fertile, and thus at enormous risk if the expulsion of her excess blood in childbearing were ever to end – would have been prophylactic bloodletting. In *Superfetation* 23 we read: «Let any woman who was once prolific (ἀρικούμων) but has ceased becoming pregnant, be phlebotomized twice a year from the arms and legs» (tr. Paul Potter). The prefix ἀρι- has the sense of strengthening the rest of the word, so I would prefer here: «let any woman who normally conceives very easily»; Littré, here gives the elegant formulation «si une femme qui concevait cesse de concevoir»<sup>71</sup>. So ἀρικούμων appears to have a very similar meaning to ἐπίτοκος. It features also in the treatise *Airs Waters Places* 5, on the east-facing town, where the sun's rays make the inhabitants particularly attractive, intelligent and healthy. In such a town, we are told, there will be relatively few diseases, and the women «very readily conceive and have easy deliveries», ἀρικούμονές εἰσι σφόδρα καὶ τίκτουσι ῥῆϊδίως<sup>72</sup>. I think that here too we have the figure of the «excessive mother», pregnant for most of her reproductive life – the ἐπίτοκος – as a concern of ancient medicine.

There is just one further use of ἀρικούμων in the corpus, and that is in the treatise *On Barren Women*<sup>73</sup>. This occurs in a description of a method to show that a woman is now able to conceive, after she has been treated for failure to do this, and involves providing evidence that scent can move up from her womb to her head. She puts an unscented cloth on her head before warmed galbanum, an aromatic resin, is applied to her womb, then rests overnight. In a woman who has not had children (μὴ τεκνούσῃ) or who is already pregnant (κυούσῃ) there will be no scent transmitted. But if you apply it to a woman who is often pregnant, who conceives easily and is healthy (ἥτις δὲ κύσκειται πολλὰ καὶ ἀρικούμων ἐστὶ καὶ ὑγιαίνει), then the top of her head will carry the scent.

71. Littré, VIII, 489.

72. Littré, II, 24.

73. 3. 219, Littré, VIII, 424.

What then does the story of Phaethousa say about maternity? Although women in the role of midwife are all but invisible in the Hippocratic treatises, there are enough hints to suggest to a modern reader that knowledge about birthing, and of remedies to use if difficulties arise, is knowledge shared by both men and women, and the explanations provided by Hippocratic physicians therefore need to make sense not only to the men who have hired them, but also to the women they treat. We should avoid imposing anachronistic modern models of the gender and levels of professionalism on to the ancient texts: attendants of either sex could be present not only at normal, but also at difficult, births, and there is little evidence for midwives being separate from a more highly-trained group of «obstetricians». For both men and women, in the Hippocratic corpus, birth is understood as a process generally conducive to women's health, opening up their internal channels and ridding them of excess blood. This suggests that maternity is seen as a healthy condition; the woman who has just given birth is in a good state of health.

While motherhood is generally seen in the Hippocratic corpus as healthy, however, this paper has argued that there is one figure for whom reliance on motherhood puts her at risk of fatal consequences: the ἐπίτοκος. It is precisely because, in the Hippocratic corpus, maternity is normally a sign of, and a means to, health, that the withdrawal of the opportunity for maternity can lead to disease, and this is the risk run by Phaethousa and other «excessive mothers». Being a mother many times over means that your body comes to rely too much on the processes of using up the excess blood represented by childbirth, the *lochia* and lactation. In the Hippocratic corpus, some women's health is thus so dependent on their motherhood that they run the risk of fatal illness if they cease to give birth regularly.

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